



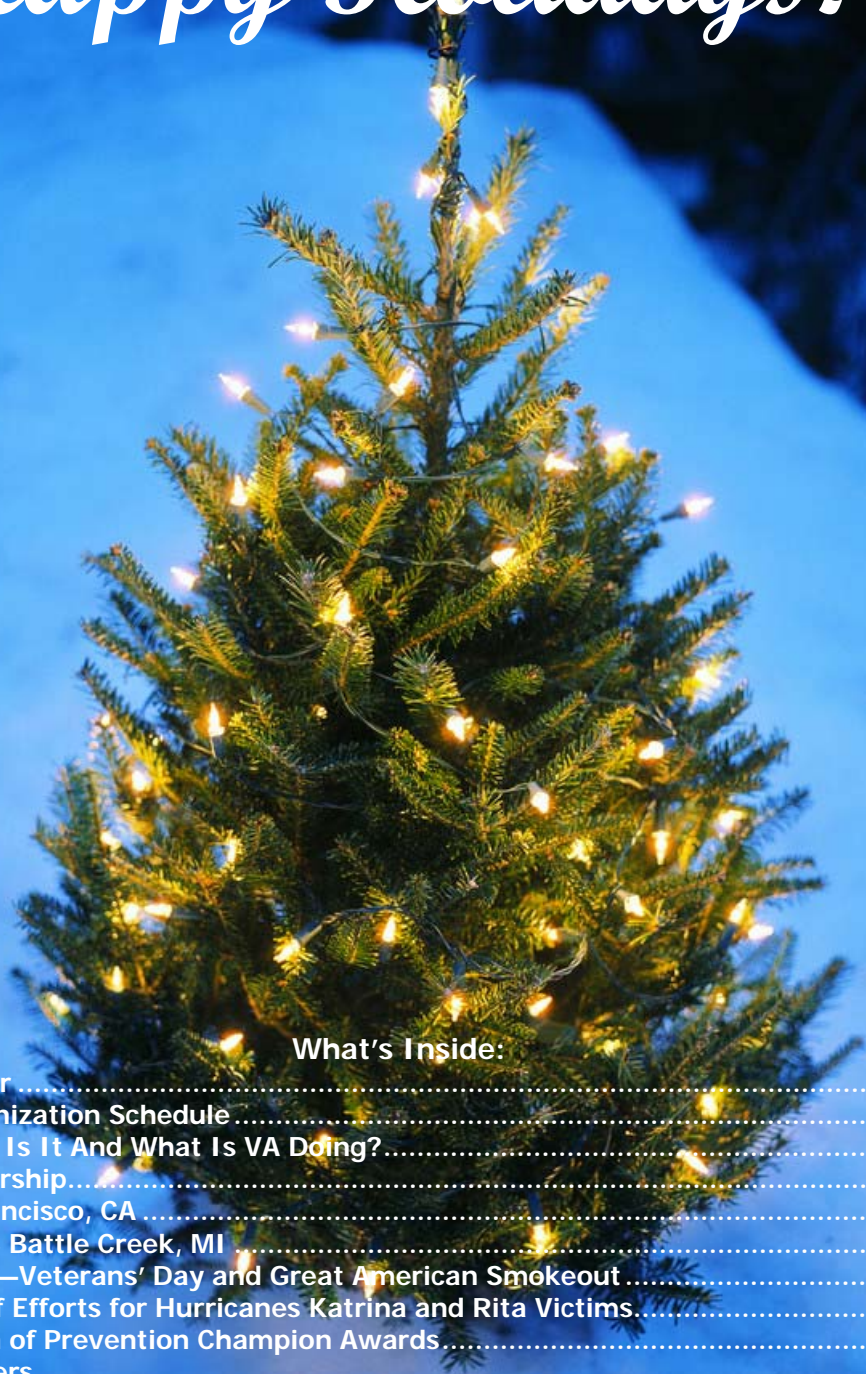
HealthPOWER!

Prevention News

Veterans Health Administration

December 2005

Happy Holidays!



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What's on NCP's Calendar

Past

- * NCP presentation at National Meeting of Society for Obesity (NAASO) - October 2005
- * PM Conference Call—October 11, 2005
- * PM Conference Call—November 8, 2005
- * PM Conference Call—December 13, 2005
- * Employee Wellness Advisory Council Conference Call—October 25, 2005
- * Employee Wellness Advisory Council Conference Call—November 22, 2005
- * General Employee Wellness Conference Call—December 20, 2005
- * Briefing by Secretary Leavitt and Surgeon General Carmona regarding VA/HHS Obesity Task Force Recommendations—December 19, 2005

Future

- * PM Conference Call—January 10, 2006
- * PM Conference Call—February 14, 2006
- * PM Conference Call—March 14, 2006
- * Employee Wellness Advisory Council Conference Call—January 24, 2006
- * General Employee Wellness Conference Call—February 21, 2006
- * Employee Wellness Advisory Council Conference Call—March 21, 2006

Prevention Topics

- ♣ January—*MOVE!*
- ♣ February—Heart Disease
- ♣ March—Diabetes

NCP Mission Statement

The VA National Center for Health Promotion/Disease Prevention (NCP) is the central resource for "All Things Prevention," to include: prevention information, prevention education and training, prevention research, and prevention recommendations for the VHA. The Center facilitates the improvement and availability of prevention services in order to reduce illness, death, disability, and cost to society resulting from preventable diseases.

Linda Kinsinger, MD, MPH Director, VA NCP



Year's end is neither an end nor a beginning but a going on, with all the wisdom that experience can instill in us. ~Hal Borland

As the year draws to a close, it's time to reflect back on the journey we've been on in 2005 and where we're going in 2006. I hope that 2005 was a good year for all of you. It was a time of excitement and change for those of us here at NCP – excitement in terms of the tremendous progress that's being made in the *MOVE!* Weight Management Program (more on that in a bit) and change in terms of personnel changes in the office.

As you'll see on page 2, we have a new organizational structure at NCP. David Pattillo, MHA, is now the Deputy Director for Administration and oversees 2 sections: Administrative Support and Information Technology, both of which have great teams. Ken Jones, PhD, is the Deputy Director for Clinical and also heads up the *MOVE!* section, with a terrific support staff. Mary Burdick, RN, PhD, formerly Chief of Staff, is now the Assistant Director for Education and Training, a position she developed several years ago and which has remained her passion. Pam Del Monte, MS, RN, C, continues in her role as the Assistant Director for Field Operations. Be sure to read Pam's article on wellness activities on page 6. Richard Harvey's (PhD) slightly revised title is Assistant Director for Preventive Behavior and Research – he'll continue to develop new ideas for preventive behavior approaches and will also lead the research team in the office. One position is not filled at this time, that of Assistant Director for Clinical Prevention Policy. When funding becomes available, we will seek to fill it with a preventive medicine-trained physician. I'm honored to have such competent and capable members on my team and I look forward to the new year with great anticipation and eagerness!

So where are we going in 2006? Clearly, moving forward with the *MOVE!* program will be a major activity. This past year, we've continued to develop and refine the materials, based largely on feedback from many of you who have already

implemented it in your facilities. With your help, it continues to get better and better. A huge toolkit is being shipped this week, with all kinds of materials and resources that will help you put this program into place. The toolkit is going out for every facility and CBOC. A comprehensive set of training modules, for 5 different disciplines, is in the final stages of preparation and will be available through EES soon. In 2006, we plan to further develop the *MOVE!* website; we will have the patient materials translated into Spanish; and the *MOVE!* Directive will be in place. Lots of things happening!

In 2006, NCP will be working with many others in VA on a new collaborative initiative with the Department of Health and Human Services to address obesity and diabetes prevention for veterans and their families. The Secretaries of both Departments were recently briefed on this initiative and gave it their full endorsement. The population of all veterans and family members is about 70 million – nearly a quarter of the entire US population! Reaching out to this large group with messages about healthy eating and physical activity has a huge potential for good things to happen. Watch for more on this development over the months to come!

With all our work on obesity, we at NCP don't want to lose focus on other important prevention areas, as well. We'll continue to develop patient materials on monthly prevention topics and we'll keep up the monthly conference calls and all the other means of staying in touch with you. We're jointly planning a conference for this spring with Primary Care (pending approval). Please let us know what your interests and needs are, in terms of information or guidance on any and all clinical prevention areas.

As we close out the old year and ring in the new, we look forward to all that lies ahead. We hope that we're a bit wiser than we were last year and we know that the experiences of the coming year will instill in us even more wisdom for the years to come.

Linda

NCP Welcomes New Director

NCP welcomes Linda Kinsinger, MD, MPH, as the new NCP Director. We have come to know her as a colleague and team member for the last three years. Many of you have had contact with her through the Preventive Medicine and Employee Wellness monthly calls. Others may know her as "Dr. Linda" in the **Health POWER! Prevention News**. She is an informed clinician who advocates for patient-centered, evidence-based care. She is certified in both Internal Medicine and Preventive Medicine and formally was on the faculty in the Department of Medicine at the University of North Carolina at Chapel Hill.

Although relatively new to VA, she clearly has made it her job to understand how VHA operates, how VHA is different from other US health care, and how VA has unique tools such as CPRS and performance measures that can



push VA even further ahead of other health care systems in providing care to veterans. Along the way, she has built excellent working relationships with other offices within VA. She is the "go-to person" when VACO and the field have had content-related questions regarding health promotion and disease prevention.

Because of her years of experience as Director of the UNC Preventive Medicine Residency Program, Dr. Kinsinger has an excellent national reputation and a cadre of former students throughout the US, both in VA and in other medical settings.

Dr. Kinsinger has a unique blend of clinical expertise, integrity, high ethical standards, and warm personal characteristics. She has a great sense of humor, a calm and consistent demeanor and a contagious enthusiasm and pleasure in working. NCP staff are unanimously excited about the potential for the Center under her leadership and look forward to a long productive life together.

The Editors

NCP Bids Farewell



NCP bids farewell to Bryan Paynter. For the past year, Bryan has been providing IT support to the **MOVE!** Team. He has been instrumental in developing the web-based modules for **MOVE!** training as well as the **MOVE!23** Questionnaire.

Bryan has accepted a position at HSR&D, VAMC Durham, NC. He was a true asset to the organization and his carefree, unassuming way will be missed by all. Best wishes to Bryan!

Under Secretary for Health's "Eight for Excellence"

The initiative provides a better understanding of VHA's mission and core values that enable the organization to fulfill its vision through eight strategies that will ensure safe, effective, efficient and compassionate care of America's veterans.

VHA Mission:

Honor America's veterans by providing exceptional health care that improves their health and well being.

VHA's Vision:

To be a patient centered integrated health care organization for veterans providing excellence in health care, research and education; an organization where people choose to work; an active community partner and a back-up for National emergencies.

VHA's Core Values:

Trust

Trust is a critical element in the caregiver-patient relationship.

Respect

Dignified care and service to veterans and their families is respectful.

Excellence

Striving for the highest levels of quality and expertise will ensure exceptional care to veterans.

Compassion

Extraordinary kindness and sensitivity during all interactions with patients, coworkers and families opens hearts.

Commitment

Dedication to the mission and to veterans demonstrates your devotion.

Eight for Excellence Strategies:

Improve health

Promote health within VA, local communities and the nation that is consistent with VA's mission.

Education & Training

Promote excellence in the education of future health care professionals and enhance VHA partnerships with affiliates.

Research & Development

Focus research and development on clinical and system improvements designed to enhance the health and well-being of veterans.

Business practices

Promote excellence in business practices through administrative, financial and clinical efficiencies.

Diversity

Promote diversity, excellence and satisfaction in the workforce and foster a culture which encourages innovation.

Exceptional service

Continuously improve veterans and families satisfaction with VA care by promoting patient-centered care and excellent customer service.

Access to care

Provide timely and appropriate access to health care by implementing best practices.

Quality & Safety

Continuously improve the quality and safety of health care for veterans, particularly in those health issues associated with military service.

<http://vaww.vhaco.va.gov/ush/excellence.asp>

Pamela Del Monte, RN, C Assistant Director, Field Operations

Wellness Update



Over the past several years, NCP has responded to inquiries from the field seeking guidance, best practices and models that could be used in the development of local Employee Wellness programs. NCP recognizes that VA has the opportunity to lead the nation in promoting Employee Wellness by supporting and encouraging VA healthcare employees to serve as healthy role models.

VA Employee Wellness programs were initially surveyed by NCP in 2003 and those results were published in *HealthPOWER!* Prevention News August 2003. The Employee Wellness Advisory Council was initiated in February 2004, as was a schedule of conference calls. VA Employee Wellness programs were subsequently re-surveyed and results published in July 2004. At that time, the frequency of Advisory conference calls was increased from quarterly to monthly. As interest increased, general wellness calls were integrated into the Advisory calls once per quarter.

In a further attempt to meet the needs regarding Employee Wellness, the Employee Wellness Advisory Group is being reshaped and re-chartered. The Advisory group will be co-chaired by Brenda Burdette and Pam Chester. Both have extensive knowledge and backgrounds in employee wellness and both have significant accomplishments in the wellness arena. The Advisory group will be

smaller than present, with about 5-6 members plus representation from NCP and AFGE. Brenda and Pam will facilitate conference calls. The Advisory group will have the primary responsibility for setting the wellness direction for themselves and the field.

Several initiatives for the Advisory Group to consider include:

- 1 or 2 specific goals or projects for the year
- Explore tracking (what and how to measure for outcomes)
- Develop/refine a 'start-up' kit and 'how-to' tips for projects
- Develop a "Wellness Program Guide"
- Review nominations for the prevention (wellness) team awards
- Review of materials to determine best practices, efficacy and feasibility

A call for Wellness Advisory Group participants will be forthcoming. It is a great opportunity to participate in essentially what is a grass-roots effort of VA-wide program development.

General Wellness calls will continue and for 2006 are scheduled for every other month, beginning in February (2/28/2006 @ 2PM ET). All are welcome to participate.

Recommended Adult Immunization Schedule - October 2005-September 2006

The Advisory Committee on Immunization Practices annually reviews the recommended Adult Immunization Schedule to ensure that the schedule reflects current recommendations for the use of licensed vaccines. The Schedule for October 2005—September 2006 has been approved. For the new schedule and a description of the changes made, please go to <http://www.cdc.gov/mmwr/PDF/wk/mm5440-Immunization.pdf>.

Pandemic Influenza – What Is It And What Is VA Doing?

Connie Raab

Director, Public Health Communications
Office of Public Health and Environmental Hazards

There has been a great deal of discussion in and out of VA about “flu” this year – seasonal, avian and pandemic – and prevention managers are part of the discussion and on the forefront of preventing these illnesses and their consequences. First, it is important to define the types of flu or more properly, influenza, which in general is a febrile (fever-causing) respiratory illness caused by an influenza virus.

- Seasonal flu regularly circulates in humans, usually in winter, and can cause several days of fever, cough, aches and fatigue at home or in the hospital, or worse. Annual flu vaccination is a safe and effective way to prevent seasonal flu.
- Pandemic flu occurs when a flu strain new to humans quickly emerges and causes widespread illness. This new strain can originate from genetic re-assorting of human and animal strains, such as bird or avian, that allow the new strain to be transmitted easily from human to human. These new strains are dangerous because humans have little pre-existing immunity to them, vaccines may not be immediately available, and antiviral medicines may be less effective than for seasonal flu. Past influenza pandemics have led to high levels of illness, death, social disruption, and economic loss. Pandemic flu is not present in the world or the U.S. as yet, but many experts feel it is likely to occur and that preparedness is essential.

What VA is doing: As prevention managers well know, VA has had an active program to vaccinate patients and staff against seasonal flu for many years. VA has been active against pandemic flu as well and in the past year VA actions have included creating an emergency stockpile of the antiviral drug oseltamivir, developing a Respiratory Infectious Disease Emergency Plan for Facilities as part of the VHA Emergency Management Guidebook, actively promoting basic public health measures – hand and respiratory hygiene (the ongoing “Infection: Don’t Pass It On” campaign), creating educational materials related to infection emergencies, such as the use of personal protective equipment and the use of droplet precautions, and promoting of vaccination against other infectious health issues, such as seasonal flu and pneumococcal pneumonia. (For more information see <http://www.publichealth.va.gov/flu/pandemicflu.htm>.)

The White House has announced a national strategy that involves all health systems at the Federal, state, and local levels, along with each individual, in planning for and preventing pandemic flu should it occur. A White House national operational plan is nearing completion as well

and all Departments, including VA, are preparing plans. VA’s plan, which will cover the Veterans Benefits Administration and the National Cemetery Administration, as well as the Veterans Health Administration, is under development through a team of about 50 VA staff, including NCP. It should be completed in early February and will cover:

- Patient care issues
- Infrastructure issues such as facilities management acquisitions, supply logistics
- Workforce issues such as occupational health and staffing
- Education for veterans health care staff, and other staff
- A VA pandemic flu table top exercise/simulation that is expected to take place this winter to identify gaps in our planning
- Communication within and outside of VA about the plan itself and about pandemic flu

More information on VA’s pandemic flu plans will be presented on our monthly calls and through a variety of channels that reach VA staff.

What you can do: Clearly pandemic flu will be a challenge for individuals, the community, the VA health care system, and the country. There are no simple answers. However, here are some things that you can do now that the President’s Web site suggests. See <http://pandemicflu.gov/health/whatyoucando.html> for more:

- Develop preparedness plans as you would for other emergencies that would keep you at home: (, having basic provisions like food , water, medications, and other essentials on hand, and establishing plans for communications with your loved ones, your workplace, and your health care providers).
- Practice good health habits, including eating a balanced diet, exercising daily, getting sufficient rest as well as taking basic steps to stop the spread of germs: wash hands frequently, cover coughs and sneezes with tissues, and stay away from others as much as possible if you are sick.
- Stay informed about possible pandemic influenza through Federal Web sites, as well as national, state and local public health departments and the health and science media.
- Contribute to planning efforts in your workplace and in your community

For more information see:

- The main Federal Web site <http://www.pandemicflu.gov/>
- The VA Web site <http://www.publichealth.va.gov/Flu/pandemicflu.htm>

Graduates of the Mid-Atlantic Advancement Program (MAP) for Leadership

NCP is proud to announce two graduates from the MAP Course for Leadership. Congratulations to Pam Frazier and Connie Lewis for their participation and completion of the MAP Course.

MAP is a four-month learning experience that is augmented by a six-month mentoring experience in partnership with the Employee Education System and with VISN-6's labor partners. MAP is designed to foster the leadership development of high potential employees. Documented performance outcomes related to the 8 core competencies of the High Performance Development Model (HPDM) at Level 1 serve as the mechanism for identifying high potential employees. The MAP curriculum is designed to develop HPDM Level 2 leadership behaviors across the 8 core competencies (Personal Mastery, Technical Skills, Interpersonal Effectiveness, Customer Service, Flexibility/Adaptability, Creative Thinking,



Pam

Systems Thinking, Organizational Stewardship) and is structured to provide participants with the opportunity to apply these new behaviors within their immediate work setting.

Pam and Connie dedicated long hours in completing each of the 8 modules in the MAP course as well as weekly meetings with other MAP participants. They also had the opportunity to participate in a mentoring program (Pam's mentor is a recent graduate of the Leadership Development Institute (LDI) Program; Connie's mentor is currently enrolled in LDI).

Both Pam and Connie agree that this MAP course has provided them with the tools necessary in tackling real-life situations and in assisting them to becoming future leaders.

Again, congratulations to Pam and Connie for their recent achievements.



Connie

Field Activities

Health Walk—VAMC San Francisco, CA



VAMC San Francisco participated in a co-sponsored (with the San Francisco Chapter of the American heart association) walk to raise awareness and reduce risk for heart disease.

The San Francisco/AHA chapter supplied bottled water and pedometers to participants.

**Submitted by: Carol Ceresa, MHSL, RD
Clinical Nutrition Section Chief**

Diabetes Health Fair—VAMC Battle Creek, MI

Battle Creek, Michigan VAMC held a Diabetes Health Fair for veterans and staff on November 18, 2005. In **Booth #1** is **Theresa Vlas**, Prevention Coordinator for Battle Creek; **Booth #2** is **Heather Stanley-Sutton**, RD; **Booth #3** are **Nina Santos** and **Tammy Coates**, both RN case managers; **Booth #4** is **Christin Faccio**, a MSU dietetic student; **Booth #5** is **Ann Greiner**, KT.

Submitted by: Linda Foster, RN, MSN
VISN 11 Care Management Coordinator



Booth #1—Theresa Vlas



Booth #2—Heather Stanley-Sutton



Booth #3—Nina Santos, Tamy Coates



Booth #4—Christin Faccio



Booth #5—Ann Greiner

Health Promotion Activities

Veterans' Day – November 11, 2005

Great American Smokeout – November 17, 2005

Two health promotion activities took place in November—Veterans' Day (November 11th) and the Great American Smokeout (November 17th). In conjunction with Veterans' Day, the Senate proclaimed November 6-12 as "National Veterans Awareness Week," and "emphasized the need to develop educational programs regarding the contributions of veterans to the country."

Facilities were invited to submit reports/pictures of Veterans Day and Great American Smokeout activities.

The next few pages will feature pictures that were submitted by some individuals who reported activities at their respective facilities. The full report of activities will be posted on NCP's website.

1. VA Facility: Detroit, MI

Contact: Ann Talbot

Submitted reports of both Veterans' Day and Great American Smokeout activities.



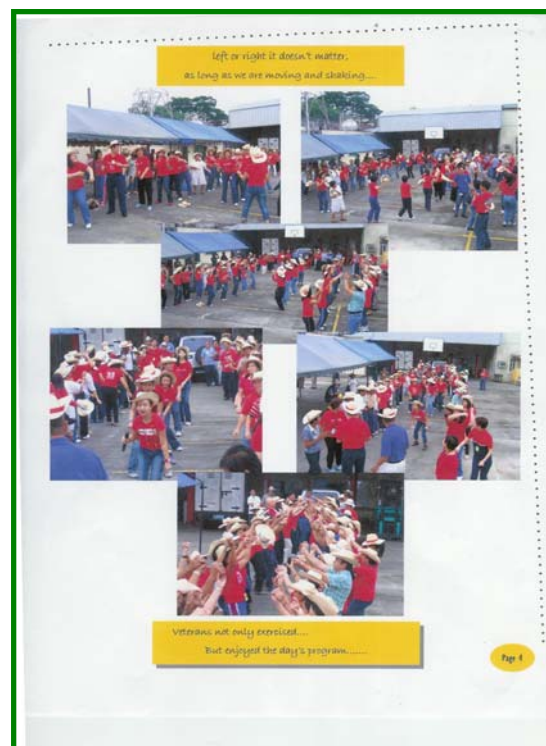
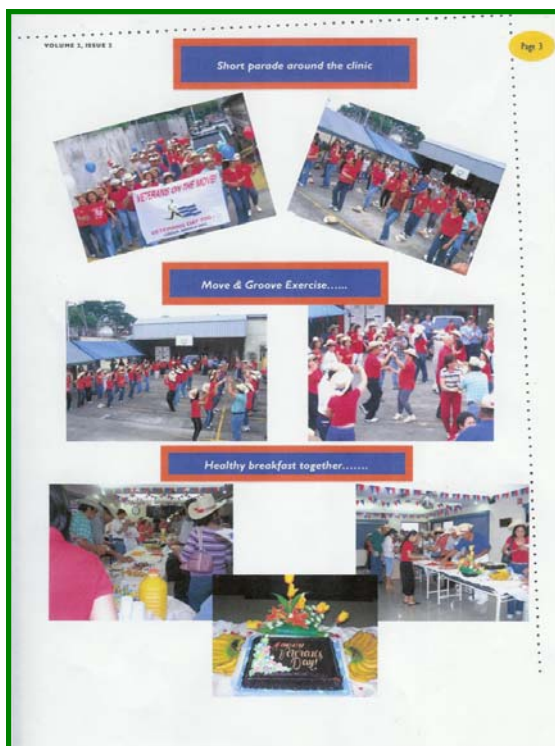
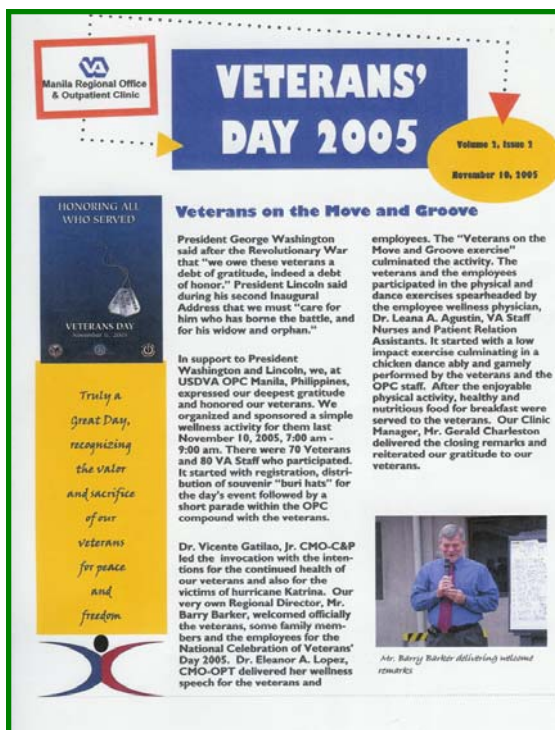
Detroit School of the Arts Men's Choir



Wreath placed by our nursing home residents

2. VA Facility: Manila, PI Contact: Twinky Soriano

Submitted report of Veterans' Day activities.



3. VA Facility: Little Rock, AR Contact: Jennifer Purdy/Dale Cordes

Submitted report of Great American Smokeout activities.

COLD TURKEY DRAWING



Stop smoking for a day and be eligible to win a turkey.

SMOKER ADOPTION PAPERS



I, _____, as a nonsmoker, will take it upon myself to help _____ on the path to smokelessness. For my part I will provide you with consistent encouragement, fruit, veggies and jalapenos, if need be, and a shoulder to cry on. It will be expected that _____ will assist me by adhering to the following suggestions:

1. Hide cigarettes, ashtrays, lighters and matches.
2. Tell all your friends that you have been adopted and will not smoke on the day of the Great American Smokeout (GASO), the third Thursday in November.
3. Call on your foster nonsmoker (me!) in times of weakness.
4. Refrain from frequenting smoke-filled rooms.
5. Remember the Alamo...forget cigarettes.

I, _____, the foster nonsmoker, will try to cajole the aforementioned smoker to continue on the road to smokelessness following the Great American Smokeout, but this formal arrangement will conclude 24 hours after it begins.

Signed: _____ (nonsmoker)
Signed: _____ (temporary smoker)
Date: _____

9/03 5102.00

For cancer information:
1-800-ACS-2345
www.cancer.org
Hope. Progress. Answers.

4. VA Facility: Mountain Home, TN Contact: Phyllis Fisher

Submitted reports of both Veterans' Day and Great American Smokeout activities.

5. VA Facility: San Francisco, CA Contact: Carol Duncan/Joel Simon

Submitted report of Great American Smokeout activities.



Smoking cessation research group joins pharmacy residents to welcome inquiries about quitting and nicotine replacement



Smoker is shown his CO level as pharmacy residents prepare to explain quitting options

6. VA Facility: Sioux Falls, SD
Contact: Shirley Redmond

Submitted reports of both Veterans' Day and Great American Smokeout activities.



7. VA Facility: South Texas Veterans Health Care System
Contact: Linda Zaiontz

Submitted report of Veterans' Day activities.



A Personal Account of Relief Efforts for Hurricanes Katrina and Rita Victims

Told By: Chaplain (Dr.) Jack R. Klugh—Chief, Chaplain Service
VAMC Fargo, ND



When hurricane Katrina was being talked about, I like many others dismissed it for several reasons. I was not on the coast, hurricanes come every year and, wherever they hit our country seems to do a good job at helping people recover from them. So when this storm was arriving, I went about my business without much extra thought regarding it. To my surprise and the entire nation it was more than remarkable. It was historic as if Mother Nature demanded our attention.

While in the military I served as a Law Enforcement Specialist and was accustomed to responding to emergencies of various kinds. And as a chaplain in a medical center, emergencies are a part of every day life. This time when the phone rang I was at work and the Deputy Director asked if I was able and willing to go and give pastoral care to personnel in several Mobile Medical Clinics (MMC) in Hammond, LA. Without hesitation I said, "Sure."

On September 14, 2005, I, along with two other VA Chaplains, arrived in Louisiana as instructed. We assessed the situation at the three MMC's and developed a coverage plan. The devastation was immense. The damage was hypnotic and there was more destruction than one had words for. And evacuees' stories included varying degrees of terror, sadness and heroism. We ministered to people who had lost loved ones to Katrina as well as losing all material possessions.

Our plans were interrupted quickly as hurricane Rita was moving in to our area, so we and many others were ordered out of the area. That mission was preempted and we returned to our home stations.

After hurricane Rita was through reeking havoc in south Texas I received a second phone call at work calling for chaplain support to provide spiritual care for evacuees and staff. On October 1, 2005 I arrived from Fargo, ND as requested by the National Chaplains Center and the VISN 23 Emergency Management Strategic Health Group (EMSHG) in Dallas, Texas, where I met with about thirty other VA employees from across the country. At that point I knew none of them.

We were bussed to Waco Texas VA Medical Center building 90 and received a brief orientation. I received my assignment to work at the first of its kind Federal Medical Shelter (FMS) in partnership with the United States Public Health Service (USPHS). It was there that I met Chaplain Joe McAfee from San Francisco, CA, VA Medical Center.

In less than two days Chaplain Joe won the trust and confidence of the USPHS Commander as well as the shelter Director and Chief of Staff (COS).

Together, with very few resources and working with strangers from VA and USPHS, we assessed persons who were in emotional or spiritual distress and found creative ways to mitigate their symptoms by working with the medical teams, as well as the administration and the EMSHG personnel. Daily we would meet with leadership to reassess the situation and make pastoral recommendations in the FMS.

Building 90 was an empty three story building that at one time housed patients in a ward-type configuration. It was a good resource for this mission. It had three floors with two elevators running up the middle of the structure. The main entrance was monitored by VA police and all those entering had to wash their hands with alcohol-based hand cleaner—this was not optional. This facility was located near the medical center's Canteen, Chapel and Voluntary Service and it had two parking lots adjacent to it.

Employee volunteers stayed in area motels up to 10 miles away and they were shuttled to the FMS in vans that were provided by a local contractor. Shuttle service began at 0600 each morning bringing the day shift in and then took the night shift to their motels. VA personnel quickly brought on line computers, telephone service, fax capability and created a transportation plan to area medical facilities and other services. In short order a record keeping system was established, the overhead speakers were hooked up, and staff established internal lines of operation.

The secret to our Shelter's success was that those of us doing the hands on care (physicians, chaplains, nurses, social workers and support staff) were permitted to structure our operation based upon our own needs assessment. The administrative team, in turn, provided us the logistical and financial wherewithal to accomplish our mission. It all came together!! Within a period of 12 hours, an empty building at the Waco VAMC was transformed into a functioning FMS by teams from the VA and USPHS.

Generally daily tours of duty were from 0700 to 1900 and then from 1900 to 0700. In collaboration with the Director's office, Chaplain Joe and I were instructed to

(Continued on page 15)

(Continued from page 14)

establish a coverage plan and give it to the nurse executive by close of business (COB)—this would be day two. We determined that a flex schedule would be best. We would each work 0700 to 1900 daily, then everyday one of us would stay later to assist in a smooth transition for the night shift by talking with residents, patients, and staff. This coverage plan was accepted by leadership and maintained throughout our two-week tour of duty.

Much of the work the chaplains did could fall under the category of intervention and defusing. We were called upon to help get residents and patients clothing, get them to appointments in the community, visit our patients who were admitted to local medical centers, interact with local churches and religious organizations, and monitor FMS morale and unit cohesion. Each evening the chaplain who would stay late would meet with the night Chief of Staff (COS) and the Nurse Executive. Together we found this was a good way to learn how the dynamics of the previous day had been viewed and what was needed to get through the night.

Once the immediate medical needs had been determined and addressed, our primary task shifted to returning our residents to their homes or finding accommodations with friends or relatives.

Families were kept intact and many of our chronically ill had families with them. Family members were housed on two floors. I was impressed by the effort that residents and staff went to honor the privacy of others.

By about the fourth day chaos was being replaced with order—disorganization with organization. Our director's motto, which was "do the right thing," was taking effect. Regularity and predictability were creeping in and this made evacuees and staff feel a sense of accomplishment.

What did "do the right thing" mean? It meant do what you need to do to meet the needs that you were presented with. It meant to use initiative, creativity, and individual knowledge to meet needs and solve problems. And this was to be done at the point of need—the point of contact.

Chaplains provided many interventions during the evening and into the early morning when there was little to do for residents and patients. These interventions involved interacting with mentally ill patients, addicted persons, as well as highly frustrated people. Chaplain Joe and I sought to mitigate the tension by being a calm yet steady presence while talking to those involved, sometimes for hours.

For staff, Chaplain Joe and I formulated a plan to provide departing staff an opportunity to talk about their experiences at the FMS. These were called "defusings" and affectionately became known as a *defrosting*. This plan was widely received and had facility-wide

involvement. About 80% of VA employees participated.

Chaplain Joe and I each worked on average 12-17 hours a shift and we arranged our own transportation through EMSHG personnel. For two weeks we had no office space for ourselves but did share some common use space with the social workers. When we needed religious literature or items that the shelter could not provide we used our chaplain connections to get them and they worked superbly.

Spiritual needs varied across the shelter. During our interactions with evacuees or patients we utilized other knowledge and skills originally developed at other times and in other professions but were now assimilated into this particular mission.

Disaster Spiritual Care was based on identified need of the recipient. There was no time for a formal assessment process, but it was done while other needs were being addressed in the person's life by the chaplain or another care giver. People wanted to be prayed for, but they could not always define a specific need for themselves. For people who had an underdeveloped intrinsic belief system, they didn't always have words for what they wanted or needed spiritually. Sometimes this was verbalized in terms of "just wanting to feel better."

Chaplains were expected to be available and easily accessible. It was common to hear comments such as "we're glad you're here?" Or, "Where have you been?" People needed someone to whom they could turn formally or informally, as they needed someone who was viewed as non-threatening. Referrals did happen but it was the rule to make ourselves available by remaining visible.

"There is also that unspoken or spoken hope that the chaplain will bring out some special dimensions of the person's predicament that are not so readily grasped in other disciplines." (The Minister As Diagnostician, Pruyser, 1976)

It was my privilege to help people who were hurting and to be called upon by the VA and to work with other chaplains. I attribute any personal success to outstanding training in disaster preparedness and to the grace of God. My hope and continued prayer is that those who were injured or devastated by hurricanes Katrina and Rita will abound in hope and find courage to rebuild their lives. And, if needed again, I will say, "Lord, send me."

Article reviewed by Hugh Maddy—Director, National VA Chaplain Service.

New Criteria for Submission of Prevention Champion Awards

The Prevention Champion awards are presented to recognize employees of meritorious and distinguished accomplishments in the field of prevention and health promotion in the Veterans Health Administration. The process has recently been reviewed. Nominations should now address the following criteria:

1. Customer Service & Personal Mastery: Makes significant contributions in the field of health promotion/disease prevention that make a difference in the lives of veterans (employees) served; inspires and demonstrates a passion for excellence.
2. Interpersonal Effectiveness & Technical Skills: Works collaboratively to develop innovations that improve health promotion/disease prevention services.
3. Flexibility/Adaptability & Creative Thinking: Takes initiative and shows innovativeness creativity, and/or persistence in health promotion/disease prevention activities.
4. Organizational Stewardship & Systems Thinking: Demonstrates leadership and vision and makes the impossible happen.

The revised nomination criteria and form are posted on the website <http://www.nchpdp.med.va.gov/nominatechamp.asp>.

In addition, other changes regarding the Prevention Champion award process include:

- The number of team/individual awards will be determined based on the number of nominations and subsequent ratings.
- The cash award has been eliminated. Plaques or other awards, and certificates will be sent to winners' facility leadership to be awarded locally. NCP will continue recognition in the newsletter and via conference calls.
- Past award winners will be recognized during the Prevention Conference in the form of a special reception or other recognition event
- Consideration is underway by the *MOVE!* team to develop a parallel awards process.
- NCP will continue to focus on Prevention champions.

Our goal is to continue to recognize those employees who champion prevention and health promotion at their facilities. If you wish to nominate an employee, please submit his/her name for consideration.



Highlights about the winners of the Prevention Champion Awards—Fourth Quarter can be reviewed on the following pages.

Prevention Champions Fourth Quarter 2005



**Clinical Prevention
Champion**
Anna Loeb, LPN
VAMROC Fargo, ND –
VISN 23

Anna Loeb in her role in Occupational Health enthusiastically endorses health promotion and disease prevention. Anna took the

MOVE! Program and modified it to meet the needs of employees at her medical center. In January 2005, Anna introduced *MOVEEmployee!* to the VA Medical Center in Fargo, ND. She developed promotional materials and modified handout to meet her employees' needs. Targeting individuals' needs, employees can choose to do Level 1 or Level 2. Using the *MOVE!* Curriculum, Anna has coordinated with other health professionals to teach classes, 3-times a week. She establishes with each employee the best way to communicate and steadfastly maintains privacy and confidentiality. More than 80 employees started the program. Currently, she has about 44 employees still active in the program. Those participants in Level 1 have averaged a 5-pound weight loss, while those in Level 2 have averaged a 15-pound weight loss. Her steadfastness and dedication to the program has yielded 20+ pound weight loss for several participants and a handful of participants have lost 30 – 40 pounds.

Being innovative hasn't ended there. Anna made a very entertaining and educational video of her *MOVEEmployee!* program, which was then used in the VISN *MOVE!* Coordinator Training this past July.

Anna's dedication and support has facilitated many employees to move positively on the health continuum.



Silver Star Winner
Katherine Zimney, RN
Occupational Health Coordinator

**Administrative Prevention
Champion**
Patricia Ryan, MS, RN
VAMC Bay Pines, FL –
VISN 8



In one of her many roles, Pat Ryan serves as the *MOVE!* Coordinator for VISN 8. Pat has worked determinedly in assisting sites to overcome barriers in the implementation of *MOVE!* She is generous in the sharing of her knowledge and creativity. Pat in her VISN role has been valuable to staff at NCP, as well, as NCP prepares for the *MOVE!* rollout in January.

Locally, Pat has worked tirelessly with many staff in making certain that *MOVE!* stop codes are correct, ensuring accurate data and workload capture. She was also instrumental in the design of the clinical reminder that supports the process of enrollment. She was also pivotal in the successful Secure Desktop pilot. This allows for the *MOVE!*23 questionnaire to be launched directly from CPRS and a progress note to be generated. No small feat, Pat was instrumental for VISN 8 being able to provide pedometers to *MOVE!* participants.

Pat is untiring in the promotion of collaboration amongst individuals and departments to ensure the optimal delivery of preventive health services. She continuously seeks improvement in the delivery of care. As a result of Pat's enthusiasm, efforts and support to staff, VISN 8 is a *MOVE!* leader, with more than 700 veterans currently enrolled.

Silver Star Winners (no picture available)

VISN 8 Executive Leadership Board (ELB).
Due to the long list of names, the VISN 8 ELB members will be posted on NCP's website.



Team Prevention Champion West Texas VA Health Care System – VISN 18

(Pictured: top row left to right—Sue Hodnett, Joyce Murley, Marcia Merrell, Sharon Bohannon; bottom row left to right—Butch Tubera, Scott Willis)

The West Texas VA Health Care System, Weight Management Program in Big Spring Texas, utilized a multidisciplinary approach in the program's creation. The team was proactive and focused weight management as a primary preventive approach to

reduce health risks. Veterans with a BMI of >30 were referred into the program. The program's multifaceted focus concentrated on nutrition, physical activity, behavioral modifications, weight management and overall wellness. Individual counseling was available for those veterans who requested it. Baseline information was obtained using the *MOVE!23* questionnaire. Participants received follow-up phone calls at regular intervals. 32 veterans entered the program with 24 actively participating in the six months of January 2005 thru June 2005. Their total weight loss was 205 lbs with a range of 0.6 to 18.8 lbs. Average weight loss was 8.6 lbs. Patient satisfaction was also measured, with an overwhelming positive response to the class. Overall success of the program was shared with providers, staff and patients.

The weight management program in Big Spring, certainly demonstrated that a multidisciplinary, multifaceted approach with follow-up results in success.

Silver Star Winners



Lou Ann Atkins, MSN, MBA, CHE
Director



Wilfredo Rodriguez, MD
Chief of Staff



Nomie Finn, MD, FACP
Associate Chief of Staff

Team Champion Award New Mexico VA Health Care System – VISN 18

(Pictured: 1st row—Maria Andrews [Chairman], Kara Catton; 2nd row—Kathy Schancer, Rebecca Kiss, Steve Budenski, Barbara Mallak, John Renna, David Zozaya; Janet Chambers, Dorothy Beckner)



The New Mexico VA Health Care System Employee Wellness Team was chartered in 2004 and charged with developing programs for employees that would result in increased wellness and improved morale. The team literally took that charge and ran with it. Over the past year this team has used a

versatile and all-around approach in meeting employees needs. Events started with a kick-off, which included community vendor exhibits, information about upcoming events, healthy snacks and musical entertainment.

Ongoing activities include: monthly “Lunch & Learn” sessions on wellness topics, including the psychosocial and spiritual; discounts at local fitness centers; massage therapy; arranging for use of an indoor bicycle storage facility; a monthly “Wellness” column in the facility newsletter; a walking program; Tai Chi Cha lessons; weekly concerts during the summer, the creation of an employee golf league and celebration of National Employee Health and Fitness day in May.

Their program also has a focus on disease prevention and as a result, employees can now participate in the patient's weight management and diabetes programs. Success for the New Mexico VA Health Care System Employee Wellness Program has been evidenced by continued participation, enthusiasm and enhanced employee morale.

Silver Star Winners



Martin J. Fisher
Associate Director



Ron Richter
Chief, Engineering Service



VA National Center for Health Promotion
and Disease Prevention
3022 Croasdaile Drive, Suite 200
Durham, NC 27705

Putting Prevention Into Practice in the VA